FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated averag	je burden					
hours per respons						

OMB Number:	3235-0076
Expires:	
Estimated averag	je burden
hours per respons	se 16.00
SEC USE O	NLY

UNIFORM LIMITED OFFERING EXEM	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) HP Partners, LP Private Placement Offering	RECEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	OCT 2 2 2007
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	186
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) HP Partners, LP	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
603 North Kings Highway, Myrtle Beach, SC 29577	843-448-9471
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Hedge fund established to generate income and to achieve capital appreciation of its assets investments.	s through real property and securities
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	please specify): PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: 09 06 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated Time

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer ✓ Promoter Beneficial Owner Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Harry Pavilack Business or Residence Address (Number and Street, City, State, Zip Code) 603 North Kings Highway, Myrtle Beach, SC 29577 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) HPT, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 603 North Kings Highway, Myrtle Beach, SC 29577 Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Director General and/or Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer solo	d, or does th							_	•••••	Yes [No 🔀
2.	What is	the minim	um investm			Appendix,		_				s 100	00.000,0
	What is the minimum investment that will be accepted from any individual?									Yes	No		
3.	Does the offering permit joint ownership of a single unit?									K			
4.	commis If a pers or states	sion or sim son to be lis s, list the na	tion request ilar remune ited is an ass ame of the b , you may so	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conno ter or deale e (5) person	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
	Il Name (Last name first, if individual) one												
		Residence	Address (N	umber and	d Street, C	ity, State, Z	(ip Code)		<u></u>	<u> </u>			
No.	af A a	i-t-d D	l D	-l	<u> </u>								
Nai	me oi As:	sociated Bi	roker or Dea	aicr									
Sta			Listed Has							•		•	
	(Check	"All State:	s" or check	individual	States)	***************************************		•••••		••••••	•••••••••		1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (?	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated B	roker or Dea	aler									
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)							All States	
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	I Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler				- · · - ·					
Sta	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers				- 12 11		
	(Check	"All State:	s" or check	individua	l States)					•••••	***************************************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	S	\$
	Equity	<u> </u>	S
	Common Preferred		
	Convertible Securities (including warrants)		s
	Partnership Interests	24,000,000.00	\$_0.00
	Other (Specify)	S	\$
	Total	24,000,000.00	<u>\$_0.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_0.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_3,500.00
	Accounting Fees	_	\$ 500.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	s
	Other Expenses (identify)	_	\$
	Total		s 4,000.00

	C. OFFERING PRICE, NUMB	BER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — oproceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	oss	23,996,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a the payments listed must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_	
	Purchase of real estate		🗆 \$	\$ 20,520,000.00
	Purchase, rental or leasing and installation of macand equipment	hinery	🗀 \$	
	Construction or leasing of plant buildings and faci	ilities	🔲 \$	<u> </u>
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	🗆 \$	\$ 2,000,000.00
	Repayment of indebtedness			
	Working capital		🔲 \$	5 8 996,000.00
	Other (specify): Payment to General Partner for		_ 🗾 \$_480,000.00	s
	rent, equipment and travel expenses, for example		_	
	quarter. \$480,000 is the annual expenses assu	ming full subscription to the offering.	🗀 \$	\$
	Column Totals		🗹 \$ <u>480,000.00</u>	23,516,000 .00
	Total Payments Listed (column totals added)		Z \$_23	1,996,000.00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Com	nission, upon writte	le 505, the following n request of its staff,
Iss	ner (Print or Type)	Signature	Date	
HF	Partners, LP		October 17, 200	7
Na	ne of Signer (Print or Type)	Title of Signer (Frint or Type)		
Hai	ry Pavilack	Manager of HPT, LLC, General Partner of	HP Partners, LP	

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature /	Date
HP Partners, LP	Mon	October 17, 2007
Name (Print or Type)	Title (Print of Type)	
Harry Pavilack	Manager of HPT, LLC, General Partner of H	IP Partners, LP

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL					<u></u>				į	
AK										
AZ										
AR										
CA										
СО										
СТ										
DE										
DC										
FL		×	LP, 1,000,000	0	\$0.00	0	\$0.00		×	
GA		×	LP, 2,000,000	0	\$0.00	0	\$0.00		×	
НІ										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										

APPENDIX 5 4 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No State Yes No **Investors Amount Investors** Amount MO MT NE NV NH NJ NM LP, 5,000,000 0 \$0.00 X 0 NY \$0.00 X LP, 3,000,000 0 0 \$0.00 \$0.00 NC X ND OH OK OR PA LP, 2,000,000 \$0.00 0 \$0.00 X 0 RI LP, 11,000,000 0 SCX \$0.00 0 \$0.00 × SD TN TX UT VT VAWA wv WI

				APP	ENDIX					
1	:	2	3	4			4			
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										